USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Woter Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

NW SW NE SW

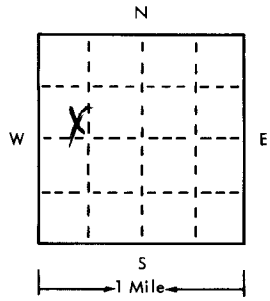
1 Location of well: County: Sedg. | Township name: WACO. | Fraction: ~~SE NW NW~~ | Section number: 10 | Town number: 28S | Range number: 1W

Distance and direction from nearest town or city:

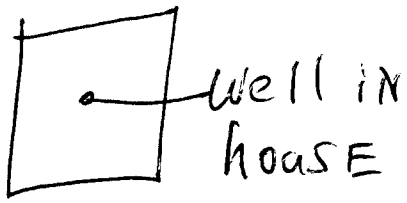
Street address of well location if in city: 3725 Fairlawn Wichita

3 Owner of well: Robt Keyes.
Address: 3100 So 145 E Wichita KS

Locate with "X" in section below:



Sketch map:



4 Well depth: 50 ft. Date of completion 12/8
Well diameter 5 in.

5 ☐ Cable tool ☑ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☑ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☐ RMP

7 Casing: Material RMP Height: above/below
Threaded ☐ Welded ☑ Surface 12 in.
Diam. 5 in. to 50 ft. depth Weight 50 lbs./ft 100
Drive shoe? ☐ Yes ☑ No
___ in. to ___ ft. depth

2 Type and color of material	From	To
Top Soil.	0	10
Clay.	10	18.
fine SAND	18	28
Clay.	28	30
fine SAND to grave.	30	50.

(use a second sheet if needed)

8 Screen:
Manufacturer Sunflower.
Type Plastic Dia. 5 in.
Slot/gauze 1/8 Length 10 ft.
Set between 40 ft. and 50 ft.
Fittings:
Gravel pack ☑ Yes ☐ No Size range of material 3/8

9 Static water level:
28 ft. below land surface Date 12/8

10 Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 80 g.p.m.

11 Water sample submitted:
☐ Yes ☑ No Date ___

12 Well head completion:
☐ Pitless adapter ☑ ~~Inches~~ above grade

13 Well grouted? ☑ Yes ☐ No
☑ Neat cement ☐ Bentonite ☐ ___
Depth: From 0 ft. to 10 ft. ft. grade

14 Nearest source of possible contamination:
ft. ___ Direction NONE Type ___
Well disinfected upon completion? ☑ Yes ☐ No

15 Pump: ☑ Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugol ☐ Other

16 Remarks: elevation

Topography:
☐ Hill
☐ Slope
☑ Upland
☐ Valley

17 Water well contractor's certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Business name Clarence Dely. License No. 318
Address R 1 Cofwich KS
Signature [signature] Authorized representative Date 12/8

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

28 1W 10 SE SW NW

677-H